

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001669

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 218

STATE FILE NUMBER

VS 300
Rev. 4/59

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2 3228

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF,

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 40 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1622 TOPPING AVENUE		d. STREET ADDRESS (If outside, give location) 1622 TOPPING AVENUE	
3. NAME OF DECEASED (Type or print) First MIDDLE Last RUDOLPH (BUD) KERSEY		4. DATE OF DEATH Month Day Year JAN. 11 1963	
5. SEX MALE	6. COLOR OR RACE CAUC.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JUNE 20, 07
9. AGE (last birthday) 55		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GRAIN INSPECTOR		10b. KIND OF BUSINESS OR INDUSTRY BOARD OF TRADE	
11. BIRTHPLACE (City and state or country) HOT SPRINGS, ARK.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME RUDOLPH R. KERSEY		13b. MOTHER'S MAIDEN NAME EMMA P. REDDER	
14. NAME OF HUSBAND OR WIFE ERMA KERSEY		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NONE	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT MRS. ERMA KERSEY	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of lung		INTERVAL BETWEEN ONSET AND DEATH 1 year	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary emphysema	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from June 1962 to Jan. 1963 and last saw him alive on Jan. 10, 1963 Death occurred at 5:12 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Albert J. Decker (Degree or title)		22b. ADDRESS Kansas City, Mo.	
22c. DATE SIGNED 1-14-63		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE JAN. 15, 1963		23c. NAME OF CEMETERY OR CREMATORIUM MT. WASHINGTON CEM.	
23d. LOCATION (City, town, or county) KANSAS CITY		(State) INDEPENDENCE, MO.	
24. FUNERAL DIRECTOR D.W. NEWCOMERS SONS, K.C., Mo.		25. DATE RECD. BY LOCAL REG. 1-14-63	
26. REGISTRAR'S SIGNATURE R. L. Long			

USE BLACK INK
OR
TYPEWRITER RIBBON

STATE OF TEXAS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lester W. Pearson

Licensed Embalmer No. 4887

P. O. Address Lathrop Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. Albert J. Blecker
111. Joseph H. Hargrave - 1212 E. Main - Telephone 4887 - 111. J. H. Hargrave